

# **Coahoma Agricultural High School**

Carol Borgognoni, Technology Specialist 3240 Friars Point Road, Clarksdale, MS 38614 Phone: 662-621-4260 •••• Fax: 662-624-4315

Email: cborgognoni@mde.k12.ms.us

Fax: 202-418-0187

February 2, 2007

Federal Communications Commission Office of the Secretary 9300 East Hampton Drive Capital Heights, MD 20743

CC Docket No. 96-45 CC Docket No. 02-6 RECEIVED & INSPECTED

FEB 6 2007

FCC - MAILROOM

This is a letter of appeal.

Date of notification from SLD January 4, 2007 and received after that date.

Re: Notification of Improperly Disbursed Funds Letter

Dates: Funding Year 2002: 7/01/2002-6/302003

#### Information from my last appeal letter:

Form 472 Invoice Number: 386096

Service Provider Identification Number: 143026 Applicant Form 472 Identifier: CAHSBEAR3

Billed Entity Number: 128535 Funding Request Number: 823440 471 Applicant Number: 314299

Funding Year: 07/01/2002 - 06/30/2003 Funding Commitment Decision: \$11,911.50

Reimbursement Amount for this FRN: \$11,911.50

Reimbursement Request Decision Explanation: Bill date was before the start date

My first appeal was for a denial of funds from the Bear Form – 472. I sent supporting documents (these are enclosed) that explained why the error occurred in the beginning.

I did a second appear and after that appeal on 06/15/2004, I received a response to my first appeal. It states that Coahoma AHS district was eligible for the reimbursement amount stated in this FRN for the amount of 11,911.50.

My next denial of funds was denied because of the date. It stated "review of the Form 486 has shown a service date of January 29, 2003 and the supporting document (Invoice and Explanation) clearly indicate that the service was completed and invoiced on January 15, 2003. It was denied

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I am not filing this appeal. The dates were wrong for more than one reason. With this appeal I have enclosed every thing I had concerning the FRN. Within in the documents there are the invoices showing when the equipment was actually received with dates ranging from January 1<sup>st</sup> through the 10<sup>th</sup>. This date was before January 15. It was my fault that the dates were confused. The service was NOT invoiced pefore the START date. The start date should have reflected the date of January 10<sup>th</sup>.

I feel that we should not be denied the funding. The supporting documentation should support this statement. There were two FRNs for the same vendor and the same dates. How can one be OK and the other not?

I am mailing the documentation because it is a note book full so I could not fax or email it.

Sincerely,

Carol Borgognoni, Technology Specialist Coahoma AHS District

#### Funding Disbursement Report Form 471 Application Number: 314299

Funding Request Number:

823440

Services Ordered:

INTERNAL CONNECTIONS

SPIN:

143026238

Service Provider Name:

Julian Construction, LLC

Contract Number:

N/A

Billing Account Number:

Coahoma Community College

Site Identifier:

128535

Funding Commitment:

\$11,911.50

Funds Disbursed to Date:

\$11,911.50

Funds to be Recovered from Applicant:

\$11,911.50

Disbursed Funds Recovery Explanation:

After a thorough investigation, it has been determined that funds were improperly disbursed on this funding request. During the course of a review it was determined that funding was disbursed for products and/or services delivered outside of the relevant funding year. The review of the Form 486 has shown a service start date of January 29, 2003 and the supporting documentation (Invoice and Explanation) clearly indicate that the service was completed and invoiced on January 15, 2003. FCC rules require applicants to use recurring services within the relevant funding year, and to implement non-recurring services by the applicable deadline established by the Commission. In this instance, both the applicant and the service provider made the certifications on the BEAR Form listed below indicating that the services had been provided within the funding year's applicable deadlines. On the BEAR Form at column 13 and Block 3 Item A, the authorized person represents to USAC that the products and services were delivered to the applicant within the applicable deadline for the relevant funding year. The SLD has determined that the applicant is responsible for this rule violation. Therefore, the SLD will seek recovery of the \$11,911.50 of improperly disbursed funds from the applicant.



### **Demand Payment Letter** Funding Year 2002: 7/01/2002 - 6/30/2003

January 4, 2007

Carol Borgognoni COAHOMA AGRI HIGH SCHOOL DIST 3240 FRIARS POINT RD **CLARKSDALE, MS 38614 9359** 

Re: Form 471 Application Number:

314299

**Funding Year:** 

2002

Applicant's Form Identifier:

CAHS471D2

**Billed Entity Number:** 

128535

FCC Registration Number:

0012270609

**SPIN Name:** 

Julian Construction, LLC

Service Provider Contact Person: Brandon Stallings

You were recently sent a Notification of Improperly Disbursed Letter informing you of the need to recover funds from you for the Funding Request Number(s) (FRNs) listed on the Funding Disbursement Report (Report) of that letter. A copy of that Report is also attached to this letter. Immediately preceding the Report is a guide that defines each line of the Report.

The balance of this debt is due within 30 days from the date of this letter. Failure to pay the debt within 30 days from the date of this letter could result in interest, late payment fees, administrative charges and implementation of the "Red Light Rule." Please see the "Informational Notice to All Universal Service Fund Contributors, Beneficiaries, and Service Providers" at http://www.universalservice.org/fund-administration/tools/latestnews.aspx#083104 for more information regarding the consequences of not paying the debt in a timely manner.

If the Schools and Libraries Division (SLD) has determined that both the applicant and the service provider are responsible for a program rule violation, then, pursuant to the Order on Reconsideration and Fourth Report and Order (FCC 04-181), the SLD will seek recovery of the improperly disbursed amount from BOTH parties and will continue to seek recovery until either or both parties have fully paid the debt. If the SLD has determined that both the applicant and the service provider are responsible for a program rule violation, this was indicated in the Disbursed Funds Recovery Explanation on the Funding Disbursement Report.

If the SLD is attempting to collect all or part of the debt from both the applicant and the service provider, then you should work with your service provider to determine who will be repaying the debt to avoid duplicate payment. Please note, however, that the debt is the responsibility of both the applicant and service provider. Therefore, you are responsible for ensuring that the

debt is paid in a timely manner.

Please remit payment for the full Funds to be Recovered from Applicant amount shown in the Report. To ensure that your payment is properly credited, please include a copy of the Report with your check. Make your check payable to the Universal Service Administrative Company (USAC).

If sending payment by U. S. Postal Service or major courier service (e.g. Airborne, Federal Express, and UPS) please send check payments to:

Universal Service Administrative Company 1259 Paysphere Circle Chicago, IL 60674

If you are located in the Chicago area and use a local messenger rather than a major courier service, please address and deliver the package to:

Universal Service Administrative Company Lockbox 1259 540 West Madison 4th Floor Chicago, Il 60661

Local messenger service should deliver to the Lockbox Receiving Window at the above address.

#### Payment is due within 30 days from the date of this letter.

Complete program information is posted to the SLD section of the USAC web site at www.universalservice.org/sl/. You may also contact the SLD Technical Client Service Bureau by e-mail using the "Submit a Question" link on the SLD web site, by fax at 1-888-276-8736 or by phone at 1-888-203-8100.

Universal Service Administrative Company Schools and Libraries Division

cc: Brandon Stallings
Julian Construction, LLC

#### A GUIDE TO THE FUNDING DISBURSEMENT REPORT

Attached to this letter will be a report for each funding request from the application cited at the top of this letter for which a Recovery of Improperly Disbursed Funds is required. We are providing the following definitions.

FUNDING REQUEST NUMBER (FRN): A Funding Request Number is assigned by the SLD to each individual request in a Form 471 once an application has been processed. This number is used to report to applicants and service providers the status of individual discount funding requests submitted on a Form 471.

SERVICES ORDERED: The type of service ordered from the service provider, as shown on Form 471.

SPIN (Service Provider Identification Number): A unique number assigned by the Universal Service Administrative Company to service providers seeking payment from the Universal Service Fund for participating in the universal service support programs.

SERVICE PROVIDER NAME: The legal name of the service provider.

CONTRACT NUMBER: The number of the contract between the applicant and the service provider. This will be present only if a contract number was provided on the Form 471.

BILLING ACCOUNT NUMBER: The account number that your service provider has established with you for billing purposes. This will be present only if a Billing Account Number was provided on the Form 471.

SITE IDENTIFIER: The Entity Number listed on Form 471, Block 5, Item 22a. This number will only be present for "site specific" FRNs.

FUNDING COMMITMENT: This represents the amount of funding that SLD had reserved to reimburse you for the approved discounts for this service for this funding year.

FUNDS DISBURSED TO DATE: This represents the total funds that have been paid to the identified service provider for this FRN as of the date of this letter.

FUNDS TO BE RECOVERED FROM APPLICANT: This represents the amount of improperly disbursed funds to date as a result of rule violation(s) for which the applicant has been determined to be responsible. These improperly disbursed funds will have to be recovered from the applicant.

DISBURSED FUNDS RECOVERY EXPLANATION: This entry provides the reason why recovery is required.

#### Funding Disbursement Report Form 471 Application Number: 314299

Funding Request Number: 823440

Services Ordered: INTERNAL CONNECTIONS

SPIN: 143026238

Service Provider Name: Julian Construction, LLC

Contract Number: N/A

Billing Account Number: Coahoma Community College

Site Identifier: 128535

Funding Commitment: \$11,911.50 Funds Disbursed to Date: \$11,911.50

Funds to be Recovered from Applicant: \$11,911.50

Disbursed Funds Recovery Explanation:

After a thorough investigation, it has been determined that funds were improperly disbursed on this funding request. During the course of a review it was determined that funding was disbursed for products and/or services delivered outside of the relevant funding year. The review of the Form 486 has shown a service start date of January 29, 2003 and the supporting documentation (Invoice and Explanation) clearly indicate that the service was completed and invoiced on January 15, 2003. FCC rules require applicants to use recurring services within the relevant funding year, and to implement non-recurring services by the applicable deadline established by the Commission. In this instance, both the applicant and the service provider made the certifications on the BEAR Form listed below indicating that the services had been provided within the funding year's applicable deadlines. On the BEAR Form at column 13 and Block 3 Item A, the authorized person represents to USAC that the products and services were delivered to the applicant within the applicable deadline for the relevant funding year. The SLD has determined that the applicant is responsible for this rule violation. Therefore, the SLD will seek recovery of the \$11,911.50 of improperly disbursed funds from the applicant.

I am not filing this appeal. The dates were wrong for more than one reason. With this appeal I have enclosed every thing I had concerning the FRN. Within in the documents there are the invoices showing when the equipment was actually received with dates ranging from January 1<sup>st</sup> through the 10<sup>th</sup>. This date was before January 15. It was my fault that the dates were confused. The service was NOT invoiced before the START date. The start date should have reflected the date of January 10<sup>th</sup>.

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I am mailing the documentation because it is a note book full so I could not fax or email it.

Sincerely,

Carol Borgognoni, Technology Specialist Coahoma AHS District

## FCC Form 470



Approval by OMB 3060-0806

Estimated Average Burden Hours Per Response: 5.0 hours

This form is designed to help you describe the eligible telecommunications-related services you seek so that this data can be posted on the Fund Administrator Web Site and interested service providers can identify you as a potential customer and compete to serve you.

Please read instructions before completing

(To be completed by entity that will negotiate with Providers.)

Applicant's Form Identifier:

(Insert your own code to identify THIS Form 470)

CAHS470D

Form 470 Application #:

(To be inserted by Fund Administrator)

#### **Block 1: Applicant Address and Identifications**

(School, Library, or consortium desiring Universal Service funding.)

1. Name of Applicant: COAHOMA AGRI HIGH SCHOOL DIST				
2. Funding Year: Year 5 ( 07/01/2002 - 06/30/2003 ) ▼	3. Your Entity Number 128535			
4. Applicant's Street Address, P.O.Box, or Route Nu	mber			
a. Street 3240 FRIARS POINT RD				
City State CLARKSDALE MS ▼	Zip Code 5Digit Zip Code 4Digit 9359			
b. Telephone number ext.  ( 662 ) 621 _ 4160	<b>c.</b> Fax number ( 662 ) 624 _ 8045			
d. E-mail Address	· · · · · · · · · · · · · · · · · · ·			
5. Type Of Applicant (Check only one box)  Library (including library system, library branch, or library consortium applying as a library)  Individual School (individual public or non-public school)  School District (LEA;public or non-public[e.g., diocesan] local district representing multiple schools)  Consortium (intermediate service agencies, states, state networks, special consortia)				
6a. Contact Person's Name: Carol Borgognoni	Copy 4a-d above to 6b-e below			
Correct and/or add any Conact Person's information below as necessary, to	hen select your preferred mode of contact			

	CLARKSDALE	·		State		<del>-</del>	Zip Code 5Digit 38614	Zip Code 4Digit 9359
C	6c. Telephone Number (10 digits + ext.)	( 662	)	621	-	4260	ext.	
<u></u>	6d. Fax Number (10 digits + ext.)	( 662	)	624	_	8045		
•	6e. E-mail Address (50 characters max.)	cborg	ogn	oni@	mde	.k12.m	is.us	



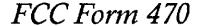
Entity Number: 128535 Applicant's Form Identifier: CAHS470D

Contact Person: Carol Borgognoni Phone Number: 662-621-4260

Please Record This Form 470 Application Number For Future Reference:
This Number Must Be Used To Complete Your Application,
If You Leave This Process Before The Application Is Completed.

Form 470 Application#: 864830000384604

Next >>





Approval by OMB 3060-0806

Entity Number: 128535

Applicant's Form Identifier: CAHS470D

1987 St. 18 m.

Contact Person: Carol Borgognoni Phone Number: 662-621-4260

Block 2: Summary Description of Needs or Services Requested

## This Form 470 describes (check all that apply): Tariffed services - telecommunications services, purchased at regulated prices, for which the applicant has no signed, written contract. A new Form 470 must be filed for tariffed services for each funding year.

Month-to-month services for which the applicant has no signed, written contract. A new Form 470 must be filed for these services for each funding year.

Services for which a new written contract is sought for the funding year in Item 2.

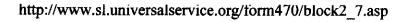
A multi-year contract signed on or before 7/10/97 but for which no Form 470 has been filed in a previous program year.

NOTE: Services that are covered by a signed, written contract executed pursuant to posting of a Form 470 in a previous program year OR a contract signed on/before 7/10/97 and reported on a Form 470 in a previous year as an existing contract do NOT require filing of a Form 470.

<< Previous	Reset	Next >>		
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Schools and Libraries Division.

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# FCC Form 470



Approval by OMB 3060-0806

Entity Number: 128535

Applicant's Form Identifier: CAHS470D

Contact Person: Carol Borgognoni Phone Number: 662-621-4260

#### **Block 2: Summary Description of Needs or Services Requested**

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What kinds of services are you seeking for Telecommunications Services? (See the Eligible Services List and Addenda at www.sl.universalservice.org for examples). Please answer the questions below if you select this category.

8 Telecommunications Services Do you have a Request for Proposal (RFP) that	specifies the services you are seeking ?
a C YES, I have an RFP. Choose one of the follo	owing: It is available on the Web at
or via 「 the Contact Person in It	tem 6 or the contact listed in Item 11.
<b>b</b> NO , I do not have an RFP for these services	S.
Specify each <b>service or function</b> (e.g., loc (e.g., 20 existing lines plus 10 new ones). S www.sl.universalservice.org for examples of remember that only common carrier telecon	the Telecommunications Services you seek. cal voice service) and quantity and/or capacity See the Eligible Services List at of eligible Telecommunications Services, and mmunications companies can provide these ort mechanism. Add additional lines if needed.
Service or Function:	Quantity and/or Capacity:
<u> </u>	
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Approval by OMB 3060-0806

Entity Number: 128535

Applicant's Form Identifier: CAHS470D

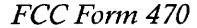
Contact Person: Carol Borgognoni Phone Number: 662-621-4260

## **Block 2: Summary Description of Needs or Services Requested**

What kinds of services are you seeking for Internet Access ? (See the Eligible Services List and Addenda at www.sl.universalservice.org for examples). Please answer the questions below if you select this category.

9 Internet Access  Do you have a Request for Proposal (RFP)	that specifies the services you are seeking ?
a YES, I have an RFP. Choose one of the	following: It is available on the Web at
or via the Contact Person	in Item 6 or the contact listed in Item 11.
<b>b</b> NO , i do not have an RFP for these serv	/ices.
	w the Internet Access Services you seek. Specify
	<ul><li>Internet service) and quantity and/or capacity(e.g.,</li></ul>
	s List at www.sl.universalservice.org for examples
of eligible Internet Access Services. Add	
Service or Function:	Quantity and/or Capacity:
	I
<< Previous Reset	Enter More Services   Next >>
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http://www.sl.universalservice.org/form470/Block2 9.asp





Approval by OMB 3060-0806

Entity Number: 128535

Applicant's Form Identifier: CAHS470D

Contact Person: Carol Borgognoni Phone Number: 662-621-4260

#### **Block 2: Summary Description of Needs or Services Requested**

What kinds of services are you seeking for Internal Connections? (See the Eligible Services List at www.sl.universalservice.org for examples). Please answer the questions below if you select this category.

10 <sup>[⊽</sup> Internal Connections Do you have a Request for Proposal (F	RFP) that specifies the services you are seeking ?
a C YES, I have an RFP. Choose one	of the following: It is available on the Web at
J	
or via T the Contact P	erson in Item 6 or T the contact listed in Item 11.
<b>b</b> NO , I do not have an RFP for thes	se services.
Specify each <b>service or function</b> (e.g., connecting 10 rooms and 30	t below the Internal Connections Services you seek. (e.g., local area network) and quantity and/or capacity 0 computers at 56Kbps or better). See the Eligible ervice.org for examples of eligible Internal Connections eded.
Service or Function:	Quantity and/or Capacity:
Upgrade backbone to 1GB	1
Cache Engine	1
LAN Upgrades	1
Maintence Contract	1
Connect building using fiber	1
Connect building using wireless	1
<< Previous Re	Enter More Services Next >>

# FCC Form 470



Approval by OMB 3060-0806

Entity Number: 128535

Applicant's Form Identifier: CAHS470D

Contact Person: Carol Borgognoni Phone Number: 662-621-4260

## **Block 2: Summary Description of Needs or Services Requested**

Name:	ct person listed in Item 6 nor the signer of this for Title:	
, , , , , , , , , , , , , , , , , , ,		<del> </del>
Telephone number (*	0 digits + ext.) Ext.	
ax number	-	
E-mail Address		
I2. Check here or when providers ma estrictions or proced	if there are any restrictions imposed by state or lo y contact you or on other bidding procedures. Plea ures, and/or provide a Web address where they ar	ase describe below any such re posted and provide a contac
2. Check here or when providers may estrictions or proced	y contact you or on other bidding procedures. Plea	ase describe below any such re posted and provide a contac
2. Check here or when providers may estrictions or proced	y contact you or on other bidding procedures. Plea ures, and/or provide a Web address where they ar	ase describe below any such re posted and provide a contac
Check here or when providers ma estrictions or proced name and telephone  3. (Optional) Purch rears, or expect to se	y contact you or on other bidding procedures. Plea ures, and/or provide a Web address where they ar	ase describe below any such re posted and provide a contact ress.
12. Check here or when providers ma estrictions or proced name and telephone	y contact you or on other bidding procedures. Pleaures, and/or provide a Web address where they are number for service providers without Internet accesses in future years: If you have plans to purchase	ase describe below any such re posted and provide a contact ress.





Approval by OMB 3060-0806

Entity Number: 128535 Applicant's Form Identifier: CAHS470D

Contact Person: Carol Borgognoni Phone Number: 662-621-4260

#### **Block 3: Technology Assessment**

- 14. F Basic telephone service only: If your application is for basic local and long distance voice telephone service only, check this box and skip to Item 16.
- 15. Although the following services and facilities are ineligible for support, they are usually necessary to make effective use of the eligible services requested in this application. Unless you indicated in Item 14 that your application is ONLY for basic telephone service, you must check at least one box in (a) through (e). You may provide details for purchases being sought.

b. Electrical systems:  adequate electrical capacity is in place or has already been arranged; and/or  pupgrading for additional electrical capacity is being sought.  c. Computers: a sufficient quantity of computers  has been purchased; and/or  have been made; and/or  are being sought.  e. Staff development:  all staff have had an appropriate level of training or additional training has already been scheduled; and/or  training is being sought.  f. Additional details: Use this space to provide additional details to help providers to identify the services you desire.
d. Computer hardware maintenance: adequate arrangements have been made; and/or are being sought.  e. Staff development: all staff have had an appropriate level of training or additional training has already been scheduled; and/or training is being sought.  f. Additional details: Use this space to provide additional details to help providers to identify the services
e. Staff development: all staff have had an appropriate level of training or additional training has already been scheduled; and/or training is being sought.  f. Additional details: Use this space to provide additional details to help providers to identify the services
already been scheduled; and/or training is being sought.  f. Additional details: Use this space to provide additional details to help providers to identify the services
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Approval by OMB 3060-0806

Entity Number: 128535 Applicant's Form Identifier: CAHS470D

Contact Person: Carol Borgognoni Phone Number: 662-621-4260

#### **Block 4: Recipients of Service**

#### 16. Eligible Entities That Will Receive Service:

Check the ONE choice that best describes this application and the eligible entities that will receive the services described in this application. You will then list in Item 17 the entity/entities that will pay the bills for these services.

You must select a state	if (b) or (c) is sel	ected:
Mississippi	▼	

- a. C Individual school or single-site library: Check here, and enter the billed entity in Item 17.
- b. C Statewide application (check all that apply):
  - All public schools/districts in the state:
  - All non-public schools in the state:
  - All libraries in the state:

If your statewide application includes INELIGIBLE entities, check here. 

If checked, complete Item 18.

c. 6 School district, library system, or consortium application to serve multiple eligible sites:

Number of eligible sites	1			
For these eligible sites, please provide the following				
Area Codes (list each unique area code)	Prefixes associated with each area code  (first 3 digits of phone number) separate with commas, leave no spaces			
662	621,624,627			
		Ė		

http://www.sl.universalservice.org/form470/block4.asp

11/26/01



Approval by OMB 3060-0806

Entity Number: 128535

Applicant's Form Identifier: CAHS470D

Contact Person: Carol Borgognoni Phone Number: 662-621-4260

# **Area Codes and Prefixes**

State	Area Codes	Prefixes
MS	662	621,624,627

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Next >>



# FCC Form 470



Approval by OMB 3060-0806

**Entity Number: 128535** 

Contact Person: Carol Borgognoni

Applicant's Form Identifier: CAHS470D

Phone Number: 662-621-4260

# **Billed Entities**

Entity Name	Entity Number
COAHOMA AGRI HIGH SCHOOL DIST	128535

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Schools and Libraries Division.

## FCC Form 470





Approval by OMB 3060-0806

Entity Number: 128535

**Applicant's Form Identifier: CAHS470D** 

Contact Person: Carol Borgognoni

Phone Number: 662-621-4260

#### 19. The applicant includes:(Check one or both)

- a. Schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U.S.C. Secs. 8801(14) and (25), that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or
- b. Ilibraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any school (including, but not limited to elementary and secondary schools, colleges, and universities).

# 20. All of the individual schools, libraries, and library consortia receiving services under this application are covered by:

- a. 🔽 individual technology plans for using the services requested in the application; and/or
- b. F higher-level technology plans for using the services requested in the application; or
- c. no technology plan needed; application requests basic local and long distance telephone service only.

# 21. Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):

- a. The technology plan(s) has/have been approved by a state or other authorized body.
- b. technology plan(s) will be approved by a state or other authorized body.
- c. no technology plan needed; application requests basic local and long distance telephone service only.
- 22. I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.
- 23. For a recognize that support under this support mechanism is conditional upon the school(s) or library(ies) I represent securing access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to use the services purchased effectively.
- **24.** I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.



11/26/01

27. Printed name of authorized person	Carol Borgognoni						
28. Title or position of authorized person	Technology Coordinator						
29. Telephone number of authorized person:	662 ) 621 _ 4260 <sub>ext.</sub>						

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C.Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C.Sec. 1001.

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	(	Continu	ue - Eleci	- Electronic Certification >>						
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**FCC Form** 

Approval by OMB 3060-0806

470

# Schools and Libraries Universal Service Program Description of Services Requested and Certification Form

At this point you have filled in all information for the Form 470 application. The final steps in the process are to:

- **a. Verify** a final time that all information is correct in each block you have completed. Use the "Previous" button at the bottom of each screen to review your work.
- b. Use your browser to print a copy of each screen in each block. Use the "Previous" and "Submit" buttons at the bottom of each screen to move to each block of the Form 470. In each block, click on your browser's "File" button, and select the "Print" option. Please note there are multiple screens for Blocks 2-4.
- c. Click the "Submit" button at the bottom of this screen to electronically submit your Form 470 to the SLD.

IMPORTANT NOTE: by clicking "Submit" you are simultaneously releasing your completed application to the SLD for posting, AND viewing a complete version of your Block 5 which must be printed out, signed, and submitted to the SLD (see "d" below). Clicking "Submit" will prevent any further changes to the application. Please be sure that you are satisfied that all entries to the application are correct and you are fully authorized to release this form for posting before clicking "Submit" on this page.

You must click "Submit" to file your Form 470 and begin the required 28-day posting period. If you do not click "Submit," you MAY NOT file a Form 474 pursuant to a Form 474.

- d. After clicking the "Submit" button, you will view the final screen of Block 5.
- e. Print out (using your browser), sign, and send in this Block 5 certification page. When you print Block 5 using your browser, the form will automatically include your Form 470 Application Number, Applicant Name, and Applicant Address. Item (25) must be signed by the person who will certify to the accuracy of the information on the form. Mail the signed Block 5 to:

SLD - Form 470 P.O. Box 7026 Lawrence, KS 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form should be mailed to:



SLD - Form 470 c/o Ms.Smith 3833 Greenway Drive Lawrence, KS 66046

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Schools and Libraries Division.

Note: Do not mail the complete Form 470, mail only the signed Block 5 Certification.

Note: When you click the "Submit" button, you are irreversibly submitting this Form 470 to the SLD

You should be authorized to select the "Submit" button which irreversibly files this application.

<< Previous Submit



Entity Number: 128535 Applicant's Form Identifier: CAHS470D

Contact Person: Carol Borgognoni Phone Number: 662-621-4260

FCC Form

Approval by OMB 3060-0806

470

Schools and Libraries Universal Service
Program Description of Services Requested
and Certification Form

Do not write in this area

Form 470 Application Number: 864830000384604

#### 19. The applicant includes:(Check one or both)

- a. Solve schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U.S.C. Secs. 8801(14) and (25), that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or
- **b.** Ilibraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any school (including, but not limited to) elementary and secondary schools, colleges and universities.

# 20. All of the individual schools, libraries, and library consortia receiving services under this application are covered by:

- a. I individual technology plans for using the services requested in the application
- b. Whigher-level technology plans for using the services requested in the application
- c. I no technology plan needed; application requests basic local and long distance telephone service only.

# 21. Status of technology plans (if representing multiple entities with mixed status, check both a and b):

- a. For Technology plan(s) has/have been approved by a state or other authorized body.
- b. Technology plan(s) will be approved by a state or other authorized body.
- c. The application requests basic local and long distance telephone service only; no technology planneeded.
- **22.** I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.